

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/594,095-Conf. #8867</td> </tr> <tr> <td>Filing Date</td> <td>March 23, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Huimin Kong</td> </tr> <tr> <td>Title</td> <td>HELICASE-DEPENDENT AMPLIFICATION OF CIRCULAR NUCLEIC ACIDS</td> </tr> <tr> <td>Art Unit</td> <td>1637</td> </tr> <tr> <td>Examiner Name</td> <td>C. M. Babic</td> </tr> <tr> <td>Attorney Docket No.</td> <td>BHX-003</td> </tr> </table>	Application Number	10/594,095-Conf. #8867	Filing Date	March 23, 2005	First Named Inventor	Huimin Kong	Title	HELICASE-DEPENDENT AMPLIFICATION OF CIRCULAR NUCLEIC ACIDS	Art Unit	1637	Examiner Name	C. M. Babic	Attorney Docket No.	BHX-003
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<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">051414</div>															
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 35%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
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<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.															
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